



Index of Claims 	Application/Control No. 10691917	Applicant(s)/Patent Under Reexamination SINGHAL ET AL.
	Examiner Kahelin, Michael	Art Unit 3762

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant								<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
CLAIM		DATE											
Final	Original	09/29/2006	06/18/2007	12/15/2007	08/14/2008	01/12/2009	06/12/2009						
	1	✓	✓	✓	✓	✓	✓						
	2	✓	-	-	-	-	-						
	3	✓	-	-	-	-	-						
	4	✓	-	-	-	-	-						
	5	✓	✓	✓	✓	✓	✓						
	6	✓	✓	✓	✓	✓	✓						
	7	✓	✓	✓	✓	✓	✓						
	8	✓	✓	✓	✓	✓	✓						
	9	✓	✓	✓	✓	✓	✓						
	10	✓	✓	✓	✓	✓	✓						
	11	✓	✓	✓	✓	✓	✓						
	12	✓	✓	✓	✓	✓	✓						
	13	✓	✓	✓	✓	✓	✓						
	14	✓	✓	✓	✓	✓	✓						
	15	✓	✓	✓	✓	✓	✓						
	16	✓	✓	✓	✓	✓	✓						
	17	✓	✓	✓	✓	✓	✓						
	18	✓	✓	✓	✓	✓	✓						
	19	✓	✓	✓	✓	✓	✓						
	20	✓	-	-	-	-	-						
	21	✓	-	-	-	-	-						
	22	✓	-	-	-	-	-						
	23	✓	✓	✓	✓	✓	✓						
	24	✓	✓	✓	✓	✓	✓						
	25	✓	✓	✓	✓	✓	✓						
	26	✓	✓	✓	✓	✓	✓						
	27	✓	✓	✓	✓	✓	✓						
	28	✓	✓	✓	✓	✓	✓						
	29	✓	✓	✓	✓	✓	✓						
	30	✓	✓	✓	✓	✓	✓						
	31	✓	✓	✓	✓	✓	✓						
	32	✓	✓	✓	✓	✓	✓						
	33	✓	✓	✓	✓	✓	✓						
	34	✓	✓	✓	✓	✓	✓						
	35	✓	✓	✓	✓	✓	✓						
	36	✓	✓	✓	✓	✓	✓						

Index of Claims 	Application/Control No. 10691917	Applicant(s)/Patent Under Reexamination SINGHAL ET AL.
	Examiner Kahelin, Michael	Art Unit 3762

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA										<input type="checkbox"/> T.D.										<input type="checkbox"/> R.1.47									
CLAIM		DATE																																					
Final	Original	09/29/2006	06/18/2007	12/15/2007	08/14/2008	01/12/2009	06/12/2009																																
	37	✓	✓	✓	✓	✓	✓																																
	38	✓	✓	✓	✓	✓	✓																																
	39	✓	-	-	-	-	-																																
	40	✓	-	-	-	-	-																																
	41	✓	-	-	-	-	-																																
	42	✓	✓	✓	✓	✓	✓																																
	43	✓	✓	✓	✓	✓	✓																																
	44	✓	✓	✓	✓	✓	✓																																
	45	✓	✓	✓	✓	✓	✓																																
	46	✓	✓	✓	✓	✓	✓																																
	47	✓	✓	✓	✓	✓	✓																																
	48	✓	✓	✓	✓	✓	✓																																
	49	✓	✓	✓	✓	✓	✓																																
	50	✓	✓	✓	✓	✓	✓																																
	51	✓	✓	✓	✓	✓	✓																																
	52	✓	✓	✓	✓	✓	✓																																
	53	✓	✓	✓	✓	✓	✓																																
	54	✓	✓	✓	✓	✓	✓																																
	55		✓	✓	✓	✓	✓																																
	56		✓	✓	✓	✓	✓																																